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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing surcharge) (37 CFR 1.6(e))	ATTORNEY DOCKET NUMBER	38624-102552
	FIRST NAMED INVENTOR:	Perez
	COMPLETE IF KNOWN	
	Application Number	10/595,086
	Filing Date	03 Feb. 2006
	Art Unit	
	Examiner Name	

I HEREBY DECLARE THAT:

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Aqueous colloidal suspension of the hydroxide of at least one transition element, for the purpose of the reduction of chromium in cement

(Title of Invention)

the specification of which

☐ is attached hereto

OR

x was filed on (MM/DD/YYYY) 06.08.2004 as United States Application Number or PCT International

Application Number PCT/FR04/002098 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached
			YES NO
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

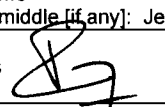
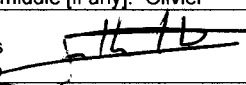
[Page 1 of 4]

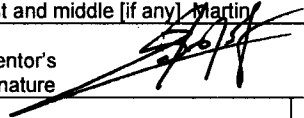
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number <input type="text" value="23644"/>	or	<input type="checkbox"/> Correspondence address below
NAME BARNES & THORNBURG LLP				
ADDRESS One North Wacker Drive – Suite 400				
CITY CHICAGO		STATE Illinois	ZIP 60606-2833	
COUNTRY USA	TELEPHONE 312-357-1313		FAX 312-759-5646	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Jean-Philippe		Family Name or Surname: PEREZ		
Inventor's Signature 		Date: 10.02.2006		
Residence: City ORLEANS	State: FRANCE	Country: FRANCE	Citizenship: French	
Mailing Address: 9, bis rue du Champ Rond Résidence le Molière	Apt.			
City: ORLEANS	State: FRANCE	Zip: 45000	Country: FRANCE	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Olivier		Family Name or Surname: MALBAULT		
Inventor's Signature 		Date: 03/02/06		
Residence: City BOUTIGNY SUR ESSONNE	State: FRANCE	Country: FRANCE	Citizenship: French	
Mailing Address:				
City: BOUTIGNY SUR ESSONNE	State: FRANCE	Zip: 91820	Country: FRANCE	
<input type="checkbox"/> Additional inventors or a legal representative are being named on supplemental sheet(s) PTO/SB/02A or 02LR are attached				

DECLARATION		ADDITIONAL INVETOR(S) Supplemental Sheet	
		Page <u>3</u> of <u>3</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Martin</u>		Family Name or Surname <u>MOSQUET</u>	
Inventor's Signature 		Date: <u>14.02.2006</u>	
Residence: City <u>BOURGOIN-JALLIEU</u>	State: <u>FRANCE</u>	Country: <u>FRANCE</u>	Citizenship: <u>French</u>
Mailing Address: <u>16, rue de l'Orme</u>			
City: <u>BOURGOIN-JALLIEU</u>	State: <u>FRANCE</u>	Zip: <u>38300</u>	Country: <u>FRANCE</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City	State:	Country:	Citizenship:
Mailing Address:			
City: I	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City	State:	Country:	Citizenship
Mailing Address			
City:	State	Zip	Country

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